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Application Number	10/656,427
Filing Date	September 5, 2003
First Named Inventor	Kane
Art Unit	1614
Examiner Name	VAKILI, Zohreh
Attorney Docket Number	104422-340-NP

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 003775☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

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Date

February 16, 2007

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☒ *Total of 1 forms are submitted.

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